

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE													
REPORT TAKEN		<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP		<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY		MON		TIME: MILITARY					
CRASH OCCURRED ON				PRIVATE PROPERTY				WITHIN THE INTERSECTION OF				NONE									
IF NOT IN INTERSECTION				N MILES 500 FEET				S E OF				Deerfield Road				CITY CODE					
LOG-1				LOG-2				LOC JUR FH9 FILT													
A		UNIT NO. 1		NO OF OCCUPANTS 0		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT		PROGRESSIVE Ins. Co.					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				Blankenship, Richard, B				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				2191 Cedarville Rd. GOSHEN, OH 45122									
PHONE NO.		513-509-8830		BIRTH DATE		03/01/16		AGE 45		SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RU171231					
OCCUPATION				Unknown																	
OWNER (IF SAME AS DRIVER, WRITE SAME)				SAME				ADDRESS				SAME				PHONE					
SAME				SAME				SAME				SAME				SAME					
VEH YR		2007		MAKE		CHEVY		MODEL		TRK		COLOR		RED		STYLE		TRK			
STATE		OH		LICENSE PLATE NO.		EIG 2313		TOWING SERVICE		NONE		VEH/PED DIR		FROM		TO					
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY			
VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE															
8		UNIT NO. 2		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				UNKNOWN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.				BIRTH DATE				AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.					
OCCUPATION																					
OWNER (IF SAME AS DRIVER, WRITE SAME)				SAME				ADDRESS				SAME				PHONE					
SAME				SAME				SAME				SAME				SAME					
VEH YR				MAKE				MODEL				COLOR				STYLE					
STATE				LICENSE PLATE NO.				TOWING SERVICE				VEH/PED DIR		FROM		TO					
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY			
VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE															
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES									
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES									
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES									
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES									
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F	
A		B		C		OFFENSE CHARGED AND DESCRIPTION		NONE		A		B		C		D		E		F	
D		E		F		OFFENSE CHARGED AND DESCRIPTION				A		B		C		D		E		F	
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		1		2		3		4		5	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1		2		3		4		5		6	
M 7/10/17		1712		1738		1744		20		00offoff 36		1		2		3		4		5	
I NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		1		2		3		4		5		6		7	
I NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG		1		2		3		4		5		6		7		8	

LOCAL FILE NO
M-11915

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION